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CONFIRMATION NO. 4051

Bib Data Sheet

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|--|---|-------------------------------|-------------------------------|--|--------------------------------|
| SERIAL NUMBER 10/663,817 | FILING OR 371(c) DATE 09/17/2003 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. 3633-038-999 | |
| APPLICANTS Harry A. Dugger III, Flemington, NJ; | | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/100,156 03/18/2002 PAT 6,676,931 which is a DIV of 09/537,118 03/29/2000 which is a CIP of PCT/US97/17899 10/01/1997 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/09/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY NJ | SHEETS DRAWING 1 | TOTAL CLAIMS 9 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged _____ Examiner's Signature Initials | | | | | |
| ADDRESS 20583 | | | | | |
| TITLE Buccal, polar and non-polar spray or capsule | | | | | |
| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | | |
| <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Credit </div> | | | | | |